Registration Form

Lisa Wilcox Educational Series August 8-9 and September 5-6

Please download and mail this form along with your check to:

Ann Sparks c/o NMDA PO Box 56631 Albuquerque, NM 87187 Make checks payable to NMDA

Closing Date: Checks must be received by August 1, 2015. No refunds after closing date with the following exception: If event has to be rescheduled by NMDA, and rider/auditor can not make the new date, amount for that clinic date will be refunded. If rider has to cancel, every attempt will be made by NMDA to find a replacement, but ultimately rider is responsible for payment.

Costs include lunch for riders and auditors.

Riders (must sign waiver be	low)		
Name			
Phone			
Emergency contact		Phone	a .
WAIVER OF LIABILITY In entering the clinic, I recognize that injuries and administrators, waive and release any at Lisa Wilcox, Horses Unlimited and their empi	nd all rights and claims for damages, for	injuries or otherwise, I may have against the	the New Mexico Dressage Association,
Rider/owner:	(print name)	Owner of Horse:	(print name
Signature:		Signature:	
Date:		Date:	
If owner/rider is under age 18, Parent/guardian		(print name)	
Signature:		Date:	
 Auditors		erved hasis Auditors will rece	ive an email confirmation
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